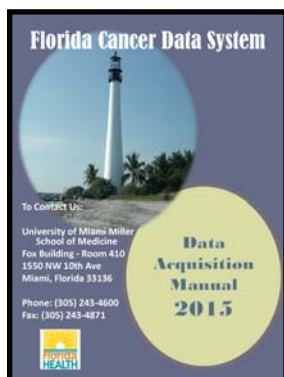


The Florida Cancer Data System's Memo



APRIL 2015

2015 FCDS Data Acquisition Manual (DAM) **Now Available**



The 2015 FCDS Data Acquisition Manual (2015 DAM) is now available on the FCDS website.

The 2015 DAM is available as either one large PDF file or as separate chapters in smaller PDF files.

Link to DAM section of website:

<http://fcds.med.miami.edu/inc/downloads.shtml>

Changes and Highlights from the 2015 FCDS DAM are summarized in a [Summary of Changes](#).

Changes to reporting requirements will be covered during the FCDS Annual Meeting in St. Petersburg, Florida in late July.

Please use the 2015 FCDS DAM for all cases abstracted on or after July 1, 2015.

FCDS will not accept ANY 2015 cases until July 1, 2015.

WHAT'S NEW:

The following information is currently available on the FCDS website.

FLORIDA ANNUAL CANCER REPORT: INCIDENCE AND MORTALITY - 2011

FCDS/NAACCR EDITs Metafile - 14.0A Metafile, posted 08/4/2014 12:26pm

FCDS/NAACCR WEBINAR SERIES:
NAACCR 2014-2015 Cancer Registry and Surveillance Webinar series - Collecting Cancer Data: Larynx and Thyroid 5/7/15, being held at 7 Florida facilities and [requires registration](#).

FCDS Florida Cancer Data System

Florida Statewide

Florida Cancer Data System 2015 Annual Conference Registration

THE 2015 FLORIDA CANCER DATA SYSTEM ANNUAL CONFERENCE IS BEING HELD JULY 29-30 AT

THE TRADEWINDS ISLAND RESORT IN ST PETE BEACH

[Hotel Map](#)

[RESERVATION PAGE FOR FCDS](#)



Register online!

Fill out your registration information here, press the submit button below, print the resulting page, and submit it along with your \$100.00 registration check payable to "Florida Cancer Data System".

Our Tax-ID # is 59-0624458.

The registration fee is non-refundable.

Please call the hotel at 800-808-9833 to get the group rate of \$149 per night using group code "FCDS".

For more information contact:

Bleu Thompson
Florida Cancer Data System
PO Box 016960 (D4-11)
Miami, Florida 33101
bthompson@med.miami.edu
305-243-2635
305-243-4871 (Fax)

NEW: We now accept credit card payments through a third party credit card processing site used by University of Miami. Complete and submit your information below, then go to the FCDS payment page to read about this new option and to submit your payment.

(Continued on page 3)

(Continued from page 2)

Florida Cancer Data System 2015 Annual Conference Registration

July 29-30, 2015		
Tuesday July 28 th	Early Registration	4:00 PM - 6:00 PM
Day 1		
Wednesday July 29 th	Registration & Continental Breakfast	7:30 AM
	Conference	8:30 AM - 5:00 PM
Day 2		
Thursday July 30 th	Registration & Continental Breakfast	7:30 AM
	Conference	8:30 AM - 12:00 PM

Preliminary Agenda

Slides/Handouts are on our Education/Training page under Annual Conferences

Topics

2015 Reporting Requirements
Physician Reporting and FCDS PACS System
FCDS Abstractor Code, FCDS IDEA User
Account, FAA Access
Summary Stage 2000 Manual and SS2016
AJCC TNM Staging Manual
Developments in Cancer Diagnosis and Treatment

The FCRA Annual conference is at the same hotel and precedes the FCDS conference.

If you are attending both the FCRA meeting and FCDS meeting,
please call the hotel when making the reservation to avoid 2 deposits .

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Vision: To be the Healthiest State in the Nation

Rick Scott
Governor

John H. Armstrong, MD, FACS
State Surgeon General & Secretary

To: Florida Reporting Facilities and Abstractors**RE: Patient Social Security Number – A Florida Mandated Data Item**

The Florida Department of Health would like to remind all reporting entities that a complete and accurately transcribed Social Security Number (SSN) is a required data item that **MUST** be reported to the state cancer registry, the Florida Cancer Data System (FCDS). Per Rule 64D-3, *Florida Administrative Code (F.A.C.)*, diseases or conditions of public health significance identified by the Florida Department of Health must be reported by the practitioner, hospital, laboratory, or other entity or individual, and this report must include at a minimum the patient's first and last name, including middle initial; address, including city, state, and zip code; telephone number, including area code; date of birth; sex; race; ethnicity; **social security number**; diagnosis; type of diagnostic tests; and treatment given. Cancer is a reportable disease in the state of Florida and all reportable cancers submitted to the FCDS must have a social security number (SSN).

Within the reporting entity, the appropriate assigned staff (e.g. registrar and abstractor) **MUST** have access to a complete and valid SSN for every case reported to the FCDS, regardless of cancer program affiliation, health care network policy, corporate policy or local institutional policy restricting access to these data. Reportable cancers **MUST** be submitted to the FCDS with full SSN. There are no exceptions to this reporting rule.

The number of unknown SSNs submitted to the FCDS must be kept to an absolute minimum. Partial SSN (last 4-digits or last 6-digits) and IT or billing system generated proxy SSN are not acceptable and will be rejected if uploaded to the FCDS. Operationally, the FCDS is required to match and consolidate cancer cases to accurately determine the cancer burden in the state. Cancer burden statistics disseminated from the FCDS are integral to local, state, and national cancer prevention and intervention plans.

For more information on current reporting requirements to the FCDS and specific coding instructions, please reference the Florida Cancer Data System Data Acquisition Manual (FCDS DAM). Specifically, within the 2014 FCDS DAM, Section II pages 69-70, the collection and coding of Social Security Number (SSN) is outlined.

Thank you for your continued support of Florida's statewide cancer surveillance and registry. If you should have any further questions please contact Steve Peace at 305-243-4601 or speace@med.miami.edu.

Sincerely,

Dongming Cui, MD, DrPH
Cancer Registry Project Director
Bureau of Epidemiology
Division of Disease Control and Health Protection
Florida Department of Health

Florida Department of Health

Division of Disease Control & Health Protection • Bureau of Epidemiology
4052 Bald Cypress Way, Bin A-12 • Tallahassee, FL 32399-1720
PHONE: 850/245-4401 • FAX 850/922-9299

www.FloridaHealth.gov

TWITTER: [HealthyFLA](#)
FACEBOOK: [FLDepartmentofHealth](#)
YOUTUBE: [fdoh](#)

AJCC Registrar Curriculum



NPCR IS ANNOUNCING: AJCC REGISTRAR CURRICULUM:

AJCC Self-Study TNM Cancer Staging Curriculum for Registrars

AJCC's newly developed education product, "[AJCC Curriculum for Registrars](#)," for cancer registrars and the surveillance community through the support of the CDC, has been met with much success. This education will assist registrars with the transition to directly assigning AJCC TNM stage.

Over 1,000 people registered for the live Module I Webinar. This is in addition to the webinar for 94 CDC staff and state Education Training Coordinators. The recorded webinar will be available along with the quiz for those who were unable to attend the live broadcast, providing them the same opportunities to measure their self-learning and understanding of the six Module I Lessons.

This webinar is available on the [AJCC website home page](#) and through [Cancer Staging Education – Registrar](#). Currently Module I is available. The next Modules will be posted according to the published schedule.

Module II will be available by March 15, 2015, allowing over 5 weeks to take the pre-education quiz, and then self-study the Module II Beginning, along with Lessons 8 through 13. This will prepare you for Quiz and recap of the lessons in the live webinar Lesson 14 on April 21, 2015 from 1:00pm – 3:00pm CDT and earn 2.0 CE hours.

Module and Lesson Approach

Why this format?

- Adult education principles
- Self-guided learning
- Build knowledge instead of everything at once
- Enables quick identification of specific topics or rules for future reference

How to use this curriculum

- 1st through 5th lessons
 - Review content
 - Study principles described in the lessons
 - Be prepared for live webinar
- 6th lesson
 - Link to additional material
 - Reinforces information taught in this module
- 7th lesson
 - Live webinar to recap the self-study lessons
 - Quiz given as a live poll to assess learning
 - Quiz questions will be taken from the NCRA-AJCC Education Needs Assessment

(Continued on page 6)

AJCC Registrar Curriculum

(Continued from page 5)

Module Content

Module I Introduction

- Overview of staging
- High level explanation of why and how
- For staff that do not assign stage (many central registry staff, statisticians, researchers)
 - Basic principles of stage
 - Understand terminology used
 - Only lesson they will need
- For staff assigning stage
 - Foundation of why AJCC staging is different from CS and summary stage
 - How it is used

Module II Beginning

- Learn basic rules

Module III Intermediate

- Move on to the nuances and exceptions for complex cases

Module IV Advanced

- Move on to the nuances and exceptions for complex cases

Schedule

Module	Self-Study Activity – to be completed before webinar	Live Webinar with Quiz – recap of self-study material
Module I	Lessons posted January 15, 2015	February 24, 2015, 1:00pm CST
Module II	Lessons posted March 15, 2015	April 21, 2015, 1:00-3:00pm
Module III	Lessons posted May 15, 2015	June – last week
Module IV	Lessons posted July 15, 2015	August – last week

Summary

Questions may be submitted to the [CAnswer Forum](#). New subforums have been added to the AJCC forum explicitly for these modules.

The intent is to provide accurate detailed information to guide the registrars in learning or refreshing their knowledge of AJCC TNM staging. AJCC, as the authoritative source for our staging system, is seeking to meet the needs of cancer registrars and the surveillance community in using AJCC TNM staging.

Visit the [AJCC Cancer Staging Education - Registrar page](#) to view all of the educational opportunities, including two presentations that were posted in September 2014 on the AJCC Chapter 1 cancer staging rules and Explaining Blanks and X, and other issues.

2014 Jean Byers Memorial Award



JEAN BYERS MEMORIAL AWARD FOR EXCELLENCE IN CANCER REGISTRATION

2014



Each year FCDS recognizes and presents the Jean Byers Award for Excellence in Cancer Registration to those facilities that have met or exceeded the national quality standards for timeliness and completeness in cancer reporting.

The criteria to win the award are:

All deadlines met with respect to cancer case admissions and all cases reported to FCDS:

- Annual Caseload Submission Deadline – June 30
- Consolidated Follow Back Deadline – October 15
 - o AHCA, AMBI, Death Certificate Notification
- No more that 5% (or 35 cases, whichever number is greater) of cancer case admissions reported to FCDS within 2 months (60 days) following the June 30 deadline
- No more that 10% of cancer case admission reported to FCDS within 12 months following the June 30 reporting deadline

Here are the winners for 2014 (data submission year 2012):

1100-SHANDS UNIVERSITY OF FLORIDA

1170-N FLORIDA REG. MED. CTR.

1300-GULF COAST MED. CTR.

1306-BAY MED. CTR.

1405-SHANDS STARKE REG. MED. CTR

1506-PARRISH MED. CTR.

1602-MEMORIAL REG. HOSPITAL SOUTH

1606-MEMORIAL REG. CANCER CTR.

1609-IMPERIAL POINT MED. CTR.

1636-HOLY CROSS HOSPITAL

1647-CLEVELAND CLINIC HOSPITAL

1676-PLANTATION GENERAL HOSP

1681-NORTHWEST MED. CTR.

1686-FLORIDA MED. CTR.

1688-MEMORIAL HOSPITAL WEST

1800-FAWCETT MEMORIAL HOSPITAL

1836-PEACE RIVER REG. MED. CTR.

1846-CHARLOTTE REG. MED. CTR.

2000-ORANGE PARK MED. CTR.

2146-NCH HEALTHCARE SYSTEM

2205-SHANDS LAKE SHORE REG. MED CTR

2246-LAKE CITY MED. CTR.

2302-JACKSON SOUTH COMMUNITY CTR.

(Continued on page 8)

2014 Jean Byers Memorial Award

(Continued from page 7)

2305-JAMES M JACKSON MEMORIAL HOSPITAL
2307-WEST KENDALL BAPTIST HOSPITAL
2310-ANNE BATES LEACH EYE HOSPITAL
2338-MERCY HOSPITAL
2347-UNIVERSITY OF MIAMI HOSPITAL
2351-MOUNT SINAI MED. CTR.
2353-NORTH SHORE MED. CTR.
2356-PALM SPRINGS GENERAL HOSPITAL
2357-METROPOLITAN HOSPITAL
2359-MIAMI CHILDRENS HOSPITAL
2372-U OF MIAMI HOSPITAL CLINICS
2374-JACKSON NORTH MED. CTR.
2376-SOUTH MIAMI HOSPITAL
2377-WESTCHESTER GENERAL HOSPITAL
2383-PALMETTO GENERAL HOSPITAL
2605-BAPTIST MED. CTR. BEACHES
2636-BAPTIST REG. CANCER CTR.-JAX
2638-ST VINCENTS MED. CTR.
2640-BAPTIST MED. CTR. SOUTH
2648-MEMORIAL HOSPITAL JACKSONVILLE
2650-MAYO CLINIC HOSPITAL
2660-ST. LUKE-ST VINCENT'S HEALTHCARE
2672-WOLFSON CHILDRENS HOSP NCC
2700-WEST FLORIDA HOSPITAL
2736-BAPTIST HOSPITAL OF PENSACOLA
2738-SACRED HEART CANCER CTR.
2870-FLORIDA HOSPITAL - FLAGLER
2905-GEORGE E WEEMS MEMORIAL HOSPITAL
3505-FLORIDA HOSPITAL WAUCHULA

3701-OAK HILL HOSPITAL
3705-BAYFRONT HEALTH BROOKSVILLE
3715-SPRING HILL REG. HOSPITAL
3890-FLORIDA HOSPITAL LAKE PLACID
3903-BRANDON REG. HOSPITAL
3906-TAMPA GENERAL HOSPITAL
3907-FLORIDA HOSPITAL TAMPA
3936-ST JOSEPHS HOSPITAL NORTH
3937-ST JOSEPH HOSPITAL
3947-KINDRED HOSPITAL CENTRAL TAMPA
3973-FLORIDA HOSPITAL CARROLLWOOD
3988-SOUTH BAY HOSPITAL
4170-SEBASTIAN RIVER MED. CTR.
4206-JACKSON HOSPITAL
4516-LEESBURG REG. MED. CTR.
4546-SOUTH LAKE HOSPITAL
4547-FLORIDA HOSPITAL WATERMAN
4601-CAPE CORAL HOSPITAL
4605-LEE MEMORIAL HEALTH SYSTEM
4645-REG CANCER CTR GULF COAST HOSPITAL
4690-LEE MEMORIAL HOSPITAL HEALTHPARK
4705-TALLAHASSEE MEMORIAL HEALTHCARE
4770-CAPITAL REG. MED. CTR.
5100-BLAKE MED. CTR.
5105-MANATEE MEMORIAL HOSP
5110-LAKEWOOD RANCH MED. CTR.
5200-OCALA REG. MED. CTR.
5202-WEST MARION COMMUNITY HOSPITAL
5205-MUNROE REG. MED. CTR.
5346-MARTIN MEMORIAL MED. CTR.

(Continued on page 9)

2014 Jean Byers Memorial Award

(Continued from page 8)

5505-BAPTIST MED. CTR. NASSAU
5606-TWIN CITIES HOSPITAL
5610-SACRED HEART HOSP EMERALD COAST
5670-FORT WALTON BEACH MED CTR
5705-RAULERSON HOSPITAL
5805-FLORIDA HOSPITAL APOPKA
5806-HEALTH CENTRAL
5836-FLORIDA HOSPITAL CANCER INST SOUTH
5848-UF HEALTH CANCER CTR. AT ORLANDO
5849-FLORIDA HOSPITAL EAST ORLANDO
5850-WINTER PARK MEMORIAL HOSPITAL
5967-OSCEOLA REG. MED. CTR.
5969-CELEBRATION HEALTH FL HOSPITAL
5970-FLORIDA HOSPITAL KISSIMMEE
6003-DELRAY MED. CTR.
6005-BETHESDA MEMORIAL HOSPITAL
6007-LAKESIDE MED. CTR.
6036-ST MARYS MED. CTR.
6045-WEST BOCA MED. CTR.
6046-BOCA RATON REG. HOSPITAL
6047-GOOD SAMARITAN MED. CTR.
6068-WELLINGTON REG. MED. CTR.
6070-PALM BEACH GARDENS MED. CTR.
6106-NORTH BAY HOSPITAL
6170-MED. CTR. OF TRINITY
6172-REG. MED CTR. BAYONET POINT
6201-NORTHSIDE HOSP HEART INSTITUTE
6203-EDWARD WHITE HOSPITAL
6205-FLORIDA HOSPITAL NORTH PINELLAS

6206-LARGO MED. CTR.
6246-ALL CHILDRENS HOSPITAL
6248-BAYFRONT MED. CTR.
6249-MEASE DUNEDIN HOSPITAL
6250-MORTON PLANT HOSPITAL
6251-ST ANTHONY HOSPITAL
6252-LARGO MED. CTR. OF INDIAN ROCK
6274-ST PETERSBURG GENERAL HOSPITAL
6278-MEASE COUNTRYSIDE HOSPITAL
6290-KINDRED HOSP BAY AREA ST PETERSBURG
6305-LAKELAND REG. MED. CTR.
6346-BARTOW REG. MED. CTR.
6348-LAKE WALES HOSPITAL
6349-WINTER HAVEN HOSPITAL
6570-FLAGLER HOSPITAL
6600-COLUMBIA LAWNWOOD REG. MED CTR
6704-GULF BREEZE HOSPITAL
6705-JAY HOSPITAL
6810-ENGLEWOOD COMMUNITY HOSPITAL
6846-VENICE REG. MED. CTR.
6870-DOCTORS HOSPITAL
6905-CENTRAL FLORIDA REG. HOSPITAL
6936-FLORIDA HOSPITAL ALTAMONTE
7005-VILLAGES REG. HOSPITAL
7406-HALIFAX HOSPITAL MED. CTR.
7407-FLORIDA HOSPITAL DELAND
7448-FLORIDA HOSPITAL MEMORIAL MED CTR

2014 Pat Strait Award



PAT STRAIT AWARD FOR EXCELLENCE IN CANCER ABSTRACTING

2014

Each year FCDS recognizes and presents the Jean Byers Award for Excellence in Cancer Registration to those facilities that have met or exceeded the national quality standards for timeliness and completeness in cancer reporting.

We recognize that the facilities that achieve this quality standard are staffed by outstanding professionals that made it possible for the facility to be recognized with this award.

The Pat Strait Award for Excellence in Cancer Abstracting recognizes those individuals that contributed to a facility winning the award by presenting a certificate to all abstractors that submitted cases for the winning facilities.

This certificate is a way for FCDS to show our gratitude and appreciation to those individuals that were responsible for helping a facility reach this exceptional quality standard.

Thank you for your continued support and dedication.

ALICIA ABRAHAM
JANICE ALEXANDER
DEBORAH ALICEA
JOYCE ALLAN
BERNADETTE ANASTASI
BARBARA ANDERSON
ELIZABETH ANDRADE
VICTOR ANGLES
STACEY APPLGATE
OLGA ARCHILA
MARIA ARREOLA
MONICA ARVIZU
PATRICIA ATCHLEY
JENNIFER ATTWOOD
MARICHU AUFFENBERG

CASEY BARTLETT
LANA BENEDICT
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BESSIE BROKENBURR
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NICOLE BURMEISTER KINTZ
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JULIE CAMPBELL
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EVA CARAWAY
SANDRA CARLSON
CHARLA CARTER
MAGDA CASTRO SUZAN
CHASTAIN
KATHIE CHURCHILL
DENISE COLBURN
TINA COLEMAN
KATHERINE COOK
JENNETTE COX
CHARISSE CREECH
JUAN CRUZ

(Continued on page 11)

2014 Pat Strait Award

(Continued from page 10)

JIMMIE CUMMINS
MAUREEN CURCIO
ORESTES CALDERIN
MARGARET DANIEL
JANICE DAVIS
ABELARDO DE LA RUA
BARBARA DEARMON
MARIA DELGADO
PAULE DELINOIS
ANNA DELUAGUE
ANGELA DELUCA
WANDA DIAZ
PEDRO DIAZ POW SANG
ISMAEL DIAZ RODRIGUEZ
DANA DILUCCIO
CALYPSO DOGBE
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PATRICIA GOMEZ
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CHAVEZ
BONNIE GRALNIK
SHIRLANA GABRIEL
LANA GEOGHAGAN
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STUART HERNA
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LISA KOFRON
TAMARA LEHMAN
MICHELLE LESTER
JANICE LEWIS
JENNIFER LEWIS
KIMBERLY LEWIS
DEBBIE LOGUE
BARBARA LORENTSON
CARMEN LUCKETT
LORETTA LEAL
LAQUITA MALONE
MANUEL MARTE
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CELIA MATHEWS
STACYE MATHIS
NICOLA MATTIS
NANCY MAUL
PENNY MAY
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STELLA MCCOWN
MARSHA MCDANIEL

(Continued on page 12)

2014 Pat Strait Award

(Continued from page 11)

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ELIZABETH MELENDEZ
MARGARITA MENA
MERCEDES MENA ALLAUCA
DINAH MERRILL
JORGE MIGOYA
ZEIDA MOLINA
SOPHIA MONARREZ
SUSANA MORALES
ADRIENNE MORITH
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BARBARA OHARA
MARY OLEARY
TANNA OLIVER
CICELY PARRISH
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LYNNE PEARSON
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PETER PIERCE
FELIX QUINONES
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KATHLEEN SASLOW
MELISSA SCHMIDT
DEBORAH SCHULTE
MELISSA SCHUSTER
ADELA SEIDMAN
DEYLIS SEQUEIRA
MARIANA SHAHIDPOUR
EILEEN SHARKEY
LILLIAN SHELTON REECE
HORTENSE SHIM HUE
CHRISTY SIENNY
ANGELA SIMMONS
RANDY SLAVENS
LISA SMITH
SHAUNTEL SMITH
TRACY SMITH
SUSAN SMITH PIERCE
RASSY SPROUSE
APRIL STEBBINS
BRYAN STEVENS
ELOUISE STEVENS
SANDRA STEWART
KAREN STREET
MYRA SULLIVAN
ANGELA SWILLEY

TINA SWINNEY
MICHAEL TAMMANY
ROSEMARIE TAYLOR
PAULETTE THOMAS
SHARON THOMAS
ANN THOMPSON
MICHELLE TOURIZ
TRISHA TROIANO
KAREN TRUELOVE
GLORIA UNDERHILL
ROBERTO URRUCHI
FRED WACKER
KIOKA WALCOTT
SHEILA WALSH
LAURIAN WALTERS
ANA WALTON
LUCAS WASSIRA
PATRICIA WEST
MELISSA WHITE
FAITH WHITWAM
VICKIE WICKMAN
JANETTE WIENECKE
JENNIFER WIGGS
AMY WILKES
NANCY WILKINSON
JACQUELINE WILLIAMS
WENDY WILLIAMS
NANCY WILSON
JANET WYRICK
VICTORIA YOUNG
WILLIAM YUEN
KATHY ZAMORA
CELIA ZAPATA
JESSICA ZILKE



QUESTIONS? ANSWERS. and CLARIFICATION

QUESTION:

Does ganglioneuroblastoma come under Sarcoma Staging in AJCC?

ANSWER:

No, neuroblastoma has too many features not consistent with sarcoma and should not be included in TNM sarcoma staging. Neuroblastoma arises from neuroepithelial tissue (sensory stem cells) often from embryonal remnant leftover from neural development and not from mature connective tissue or muscle like typical sarcoma. Even though does refer to neuroblastoma stage as Stage 1-4 it is not the same as AJCC TNM stage...it is all based on the International Neuroblastoma Staging System (INSS) and the International Neuroblastoma Risk Group Staging Systems (INRGSS) - they are separate but complimentary – which was developed a couple of decades ago and grew out of the original POG Neuroblastoma Staging Criteria used to onboard kids to clinical trials – it is anatomic staging but not TNM.

QUESTION:

I thought grade for noninvasive urothelial ca was coded to unknown is that wrong? Or, do we code it to either high grade or low grade depending on what the path says?

ANSWER:

Please code grade in accordance with the latest rules and instructions. The CoC-SEER-NPCR Technical Working Group published Instructions for Coding Grade 2014+ to be used for all cases diagnosed/treated 1/1/2014 and forward. The complete Instructions for Coding Grade 2014+ are included as Appendix N in the published 2015 FCDS DAM. The instructions include various clarifications and rules.

Instructions for Coding Grade 2014+ include specific clarification on coding grade for non-invasive neoplasms.

Instruction #4 under Coding Grade for Solid Tumors on page 3 of 9 states;

- If a grade is given for an in situ tumor, code it. Do NOT code grade for dysplasia such as high grade dysplasia.
- If there are both in situ and invasive components, code only the grade for the invasive portion even if its grade is unknown.

Instruction #7 specifies how to assign numeric value to the grade noted in the pathology report.

- Two-grade system

Term	Description	Grade Code	Exception for Breast and Prostate Grade Code
1/2, I/II	Low grade	2	1
2/2, II/II	High grade	4	3

(Continued on page 14)



QUESTIONS? ANSWERS. and CLARIFICATION

(Continued from page 13)

QUESTION:

Pediatric Patient diagnosed two years ago with MEN 2B status post total thyroidectomy. Now patient has metastatic low grade neuroendocrine malignancy in groin. When I look up MEN 2B there is mention of medullary carcinoma of the thyroid. Is this metastasis from patient's historical thyroid primary? His calcitonin is now elevated and he has a new nodule in right lobe of thyroid. Please advise.

ANSWER:

This is a difficult case because the medullary carcinoma in MEN2b can often mimic metastatic neuroendocrine carcinoma or it can be the primary – so, the groin mets could be either as well.

The original thyroid primary was probably medullary carcinoma as this is characteristic of MEN2b kids.

The elevated calcitonin is THE indicator for progression of the medullary carcinoma of the thyroid that it confirms the medullary carcinoma is behaving aggressively which is also common in MEN2b kids. Many of these kids present with mets ...unfortunate, but no big surprise.

As far as the metastatic low grade neuroendocrine carcinoma in the groin and whether or not to abstract this as 2 primaries or 1 – I would suggest you abstract this as a single primary – thyroid – medullary carcinoma (because medullary carcinoma is a type of neuroendocrine carcinoma just like carcinoid tumors and some pancreatic tumors that exhibit neuroendocrine features (not pure adenoca).

My biggest concern is that the thyroid medullary CA is usually aggressive and high grade and the elevated calcitonin further indicate a high grade (neuro)endocrine disease in progression...and the mets are low grade...but, this can certainly occur.

I would advise you to abstract this case as a single primary and include some of this note in your text. I believe that any treatment plan would be the same in either case since the histologic type/subtype is so close and there is evidence of systemic spread of disease.

This patient will also be monitored for pheochromocytoma of adrenal gland (benign or malignant) as this is also characteristic of MEN2b





QUESTIONS? ANSWERS. and CLARIFICATION

QC Corner – Current Trend in Abstracting Historical Cases

FCDS has noticed an increase in the number of cases being submitted as a “historical grid case” with primary site coded to C80.9 – Unknown Primary. It is certainly possible that the patient was diagnosed with an unknown primary prior to the current/new primary cancer. However, it is more likely this reflects either a lack of physician documentation or an abstracting error, particularly if the unknown primary never received any treatment. A body system primary site can be assigned in many of these cases using tools and references as described in the FCDS DAM and other manuals.

If you do not know the type of cancer the patient had historically, do not automatically enter the case as a historical unknown primary with no evidence of this cancer. Unknown Primary should be reserved for truly unknown primary cancers, not undocumented type of cancer or unclear original primary site. The C76._ series is just as vague as unknown primary and should be used with caution and only when no other information is available. Many of the neoplasms assigned C76._ can either be assigned a more descriptive body system primary site like GI Tract, NOS or Female Reproductive System, NOS or turn out to be not reportable on review.

Some of our registrars are not familiar with or do not understand that when certain cancers occur, whether a primary tumor is found or not, a primary site other than C80.9 or an ill-defined site code in the C76.) series can be assigned. This is the case for metastatic melanoma, metastatic sarcoma, metastatic GI Stromal Tumor or GIST, and more.

The table below can be used when metastatic cancer is noted at the time of diagnosis or when a specific histology is known but the original primary site is not clearly identified such as “metastatic Merkel cell carcinoma” or when only stated in general terms such as “colon cancer.”

In cases such as these, a generalized primary site code may be assigned such as GI Tract, NOS; Skin, NOS; or Colon, NOS.

Additionally, the SEER Multiple Primary and Histology Coding Rules instruct abstractors to use ICD-O-3 topography codes C02.8, C08.8 or C14.8 when the primary site is stated to be “head and neck” but no primary tumor is identified or when the term “head and neck” is used to describe primary. These neoplasms are treated as head and neck primary cancers, not unknown primary cancers. When a point of origin **cannot be determined**, use a H&N site code for overlapping sites:

- C02.8 Overlapping lesion of tongue
- C08.8 Overlapping lesion of major salivary glands
- C14.8 Overlapping lesion of lip, oral cavity, and pharynx

Histologic Type Codes	Histologic Types	Preferred Site Codes for Ill-Defined Primary Sites
8720-8790	Melanoma	C44.9, Skin, NOS
8247	Merkel Cell Carcinoma	C44.9, Skin, NOS
8936	GI Stromal Tumor	C26.9, GI Tract, NOS
8800-8811, 8813-8830, 8840-8921, 9040-9044	Sarcoma except periosteal fibrosarcoma and dermatofibrosarcoma	C49.9 Connective, Subcutaneous and Other Soft Tissues, NOS
8990-8991 9120-9170	Mesenchymoma Blood vessels tumors, Lymphatic vessel tumors	C49.9 Connective Subcutaneous and Other Soft Tissues, NOS
8940-8941	Mixed tumor, salivary gland type	C08.9, for Other and Unspecified Major Salivary Glands, NOS
9240-9252	Mesenchymal chondrosarcoma and giant cell tumors	C41.9 for Bone and Cartilage, NOS C49.9 Connective, Subcutaneous, and Other Soft Tissues, NOS
9580-9582	Granular cell tumor and alveolar soft part sarcoma	C49.9 Connective, Subcutaneous and Other Soft Tissues, NOS

NAACCR 2014-2015 Webinar Series

The Florida Cancer Data System is happy to announce that for another year we will be presenting the NAACCR Cancer Registry and Surveillance Webinar, 2014-2015 series at seven locations throughout Florida. Be sure to mark your calendars for each of these timely and informative NAACCR webinars.

- Boca Raton Regional Hospital (Boca Raton)
- Moffitt Cancer Center (Tampa)
- M.D. Anderson Cancer Center Orlando (Orlando)
- Shands University of Florida (Gainesville)
- Gulf Coast Medical Center (Panama City)
- Baptist Regional Cancer Center (Jacksonville)
- Florida Cancer Data System (Miami)

Special thanks to the hosting facilities for their participation and support. For a complete description of the webinars, click here: https://fcds.med.miami.edu/scripts/naacccr_webinar.pl. All webinars start at 9am.

Please go to the FCDS website to register online for your location of choice. Registration link is: https://fcds.med.miami.edu/scripts/naacccr_webinar.pl. A separate registration will be required for each webinar. The number of participants allowed to be registered for each webinar will be dependent on space availability. For more information, please contact Steve Peace at 305-243-4601 or speace@med.miami.edu.

DATE	TOPIC
*10/2/14	Directly Coded Stage Data: Using the AJCC Cancer Staging Manual 7th Ed. and
*11/6/14	Collecting Cancer Data: Hematopoietic and Lymphoid Neoplasms
*12/4/14	Using the Multiple Primary and Histology (MP/H) Coding Rules
*1/8/15	Collecting Cancer Data: Testis
*2/5/15	Collecting Cancer Data: Uterus
*3/5/15	Abstracting and Coding Boot Camp: Cancer Case Scenarios
*4/2/15	Collecting Cancer Data: Stomach & Esophagus
5/7/15	Collecting Cancer Data: Larynx and Thyroid
6/4/15	Collecting Cancer Data: Pancreas
7/9/15	Survivorship Care Plans
8/6/15	Collecting Cancer Data: Central Nervous System
9/3/15	Coding Pitfalls

*All NAACCR 2012-2013 Webinars presented in series are available on the FCDS website, on the Downloads page: <http://fcds.med.miami.edu/inc/educationtraining.shtml>

NAACCR CANCER REGISTRY AND SURVEILLANCE WEBINAR SERIES

Seven Florida facilities will host the 2014-2015 webinar series, registration is required



**REGISTER FOR THE
NEXT WEBINAR**

FCDS is the host site for Miami, FL with space for 25-30 participants.

CEU information for the 2014 FCDS Annual Conference:

CE Hours: 8.25

*NCRA Recognition
Number: 2014-113*

Florida Cancer Data System

Cancer Reporting Completeness Report



TOTAL NUMBER OF CASES IN THE FCDS MASTERFILE AS OF MARCH 31, 2015

Total number of *New Cases* added to the FCDS Master file in March, 2015: **15,165**

The figures shown below reflect initial patient encounters (admissions) for cancer by year.

ADMISSION YEAR	HOSPITAL	RADIATION	AMBI/SURG	PHYSICIAN OFFICE	DERM PATH	DCO	TOTAL CASES	NEW CASES
2014	98,207	1,219	40	8,336	0	Pending	107,802	12,089
2013	176,994	3,925	201	8,575	0	Pending	189,695	2,559
2012	177,047	10,526	2,035	9,220	0	2,132	200,997	517

		<u>Actual</u>	<u>Expected</u>
% Complete for:	2014	57%	75%
	2013	100%	100%
	2012	100%	100%

**Expected % based on 165,000 reported cases/year*

The Florida Cancer Data System (FCDS) is Florida's statewide, population-based cancer registry and has been collecting incidence data since 1981 when it was contracted by the State of Florida Department of Health in 1978 to design and implement the registry. The University of Miami Miller School of Medicine has been maintaining FCDS (<http://fcds.med.miami.edu>) since that time.

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Did you know that both FCDS and NAACCR Webinars can be viewed after-the-fact. And, Continuing Education Hours are available to registrars that view recorded webinars? All FCDS Webcasts are recorded and posted on

the FCDS Website (Education Tab). FCDS Webcast Recordings are available free of charge and can be viewed anytime/anywhere by anybody. Access to NAACCR Webinar Recordings is available only to registrars with Active/Current FCDS Abstractor Codes. Access to NAACCR Recordings is password protected. Contact FCDS for more information on viewing recorded webinars, or to obtain the password to view individual NAACCR Webcast Recordings.